

## Application or Docket Number:

Substitute for Form PTO-875

09/769,761

| (Column 1) | (Column 2) |
|------------|------------|
| 1          | 2          |
| 3          | 4          |
| 5          | 6          |
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| 99         | 100        |

## Q4

## SMALL ENTITY

\* If the difference in column 1 is less than zero, enter "0" in column 2

| (Column 1) | (Column 2) | (Column 3) |
|------------|------------|------------|
| 1          | 2          | 3          |
| 4          | 5          | 6          |
| 7          | 8          | 9          |
| 10         | 11         | 12         |
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| 3          |            |            |

**A FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(c))**

**A FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.121(c))**

**A FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))**

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.